

Indiana State Department of Health

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                    |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>012263</b>                         | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><b>05/07/2014</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>HEARTH AT TUDOR GARDENS LLC</b> |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>11755 N MICHIGAN RD</b><br><b>ZIONSVILLE, IN 46077</b> |  |  |
| (X4) ID<br>PREFIX<br>TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG  | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE   |
| R 000  | <p><b>INITIAL COMMENTS</b></p> <p>This visit was for a State Residential Licensure Survey. This visit included the Investigation of Complaint IN00147024.</p> <p>Complaint IN0147024- Unsubstantiated, due to lack of evidence.</p> <p>Survey date: May 7, 2014</p> <p>Facility number: 012263<br/>Provider number: 012263<br/>AIM: NA</p> <p>Survey Team:<br/>Laura Brashear RN TC<br/>Mary Weyls RN</p> <p>Census bed type:<br/>Residential: 114<br/>Total: 114</p> <p>Census payor type:<br/>Other: 114<br/>Total: 114</p> <p>Sample: 7</p> <p>Hearth at Tudor Gardens LLC was found to be in compliance with 410 IAC 16.2 in regard to the State Residential Licensure Survey and the Investigation of Complaint IN00147024.</p> <p>Quality Review 05/09/14 by Lisa McColly</p> | R 000  |  |  |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE